



Kentucky Board Of Chiropractic Examiners

P.O. Box 1360, Frankfort, Kentucky 40602 – 500 Mero Street, Frankfort,
Kentucky 40601

Phone: (502) 892-4250; Fax (502) 564-4818; <http://kbce.ky.gov>

Application for Specialty

Chiropractic _____

INSTRUCTIONS

Kentucky law and regulations require that specific qualifications be met in order to certify specialties. Please answer all questions completely and correctly to the best of your knowledge, sign, submit required documentation and mail to the Administrator of the Board.

Application must be accompanied by an application-certification fee of \$100. Make check, cashier's check, or money order payable to the Kentucky State Treasurer.

Renewal fees are due on or before the first day of March each year. Failure to properly renew automatically results in your specialty being delinquent and subject to revocation.

Name: _____ License Number: _____

Address: _____
Street

City

State

Zip Code

Phone Number:

Print your name as you wish it to appear on your certificate:

Are you in good standing with the Kentucky Board of Chiropractic Examiners: Yes No

If no, explain in detail: _____

Are you in active practice in the State of Kentucky? Yes No

If no, explain in detail: _____

Do you hold a certified or diplomate status with the American Board of Chiropractic
_____ or meet equivalent standards? Yes No

 If yes, please submit proof of current status with this application (THIS IS
MANDATORY).

Have you had, do you currently have or is there any litigation pending relevant to your license to
practice chiropractic? Yes No

 If yes, explain in detail:

I declare under penalties of perjury that the information contained in this application is true and
accurate.

Signature

Date